

## PERFORMANCE REPORT CARD

Department of Health  
Third Quarter, Fiscal Year 2019

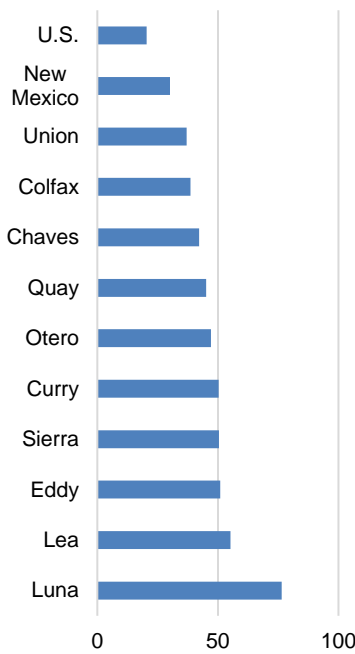
### ACTION PLAN

Submitted by agency?	Yes
Timeline assigned?	Yes
Responsibility assigned?	No

### Department of Health

The department recently undertook several initiatives which could lead to improvements for some of the department's most important services, such as adjusting compensation for most direct-care staff by almost 25 percent to improve salary competitiveness at the facilities and submitting a request to the federal government for a 2 percent across the board rate adjustment for developmental disabilities waiver service providers. Meanwhile the Legislature is considering provisions to allow for further compensation adjustments in the facilities and rate adjustments for Family, Infant, Toddler program providers. Additionally, improving billing for department programs and ensuring the facilities are prepared to leverage new Medicaid Centennial Care 2.0 provisions for behavioral health and substance use disorders will go a long way to ensure department driven initiatives are fully funded.

**Births to Teens Ages 15-19 per 1,000 Girls, 2015-2017**



New Mexico Health Indicators		2015	2016	2017	US 2017
1	Drug overdose death rate per 100,000 population*	25	25	25	22
2	Births to teens aged 15-19 per 1,000 females aged 15-19*	34.2	29.4	27.6	19
3	Alcohol-related death rate per 100,000 population**	66	66	67	32
4	Fall-related death rate per 100,000 adults aged 65 years or older*	104	92	88	61
5	Heart disease and stroke death rate per 100,000 population**	188	196	198	
6	Suicide rate per 100,000 population*	23	22	23	14
7	Pneumonia and Influenza death rate per 100,000 population**	13.0	14.0	13.5	13.5
8	Diabetes hospitalization rate per 1,000 people with diagnosed diabetes**	184	162	162	
9	Third grade children who are considered obese**	19%	19%	20%	
10	Adults who are considered obese	30%	29%	28%	32%
11	Adolescents who smoke	11%	No Data	10.6%	9%
12	Adults who smoke**	17%	17%	17.5%	17%

\*Indicates areas of greatest concern.

\*\* Indicates national measures lagging behind state data.  
Several U.S. measures for 2017 are not yet reported

Source: DOH

A May 2019 LFC evaluation on early childhood included a recommendation that the Children's Cabinet should organize a comprehensive early childhood support system that includes:

- 1) a universal centralized screening and referral entity,
- 2) a light-touch home visiting service for most families,
- 3) food, income and other social supports for families that require them,
- 4) early intervention services for children with developmental delays, and
- 5) more intensive home visiting services for families with higher needs.

### Public Health

Early Childhood Health Indicators	Infant Mortality	Low Birthweight	Immunization Rate	Early Access to Prenatal Care
	2016	2016	2016	2016
	<b>6.2</b>	<b>9%</b>	<b>68.5%</b>	<b>63%</b>
	Per 1,000 children U.S. - 5.9 (2016)	2,331 children U.S. - 8.2% (2016)	U.S. - 71% (2016)	24,503 children U.S. - 77% (2016)
	<b>Worse</b>	<b>Worse</b>	<b>Worse</b>	<b>Worse</b>
	2015 5.1	2015 8.70%	2015 70%	2015 66%
	Source: CDC	Source: DOH	Source: DOH	Source: DOH

Improving the health of mothers, infants, and children is an important goal because it determines the wellbeing of the next generation and predicts future health challenges for our communities. Maternal and child health is influenced by a variety of factors, all centered on a mother and her child's access to care. As seen in the table above, the state

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performed worse in 2016 on several important early childhood indicators including infant mortality, low birthweight, and access to prenatal care.

Budget: \$175,593.3 FTE: 820.5

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Participants in the National Diabetes Prevention Program referred by a health care provider through the agency-sponsored referral system	70%	0%	50%		Annual		
Children in Healthy Kids, Healthy Communities with increased opportunities for healthy eating in public elementary schools	89%	90%	65%		Annual		
High school youth trained in the Evolverment youth engagement program to implement tobacco projects in their school or community	356	402	350	138	116	140	G
QUIT NOW enrollees who successfully quit using tobacco at 7-month follow-up	32%	30%	30%	32%	29%	31%	G
New Mexico adult cigarette smokers who access DOH cessation services	2.8%	2.8%	3%	0.6%	0.6%	2.1%	Y
Teens who successfully complete teen outreach programming	345	325	350	0	144	22	Y
Female clients ages 15-19 seen in DOH public health office who are provided most or moderately effective contraceptives	64%	61%	62%	84%	79%	74%	G
Preschoolers (19-35 months) fully immunized	71.9%	61.8%	65%	63%	64%	65%	G
Number of successful overdose reversals per client enrolled in the DOH Harm Reduction Program	New	New	0.25	0.34	0.31	0.37	G
<b>Program Rating</b>	<b>G</b>	<b>G</b>					<b>G</b>

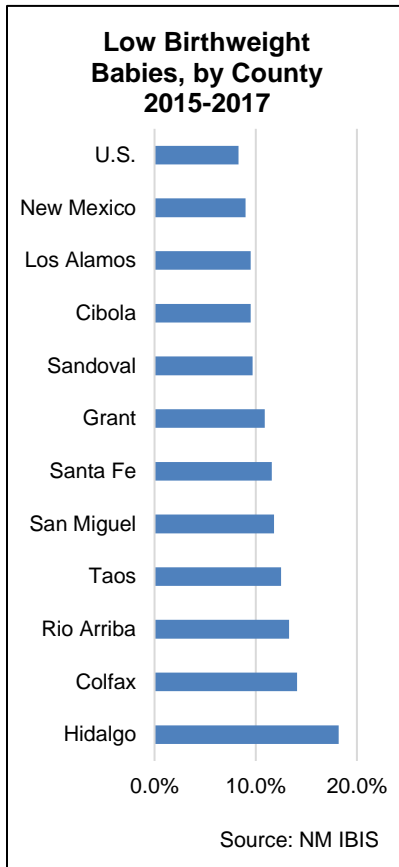
### Epidemiology and Response

There is considerable unmet need for substance use disorder services and treatment. For example, New Mexico ranked 17th among states for the drug overdose death rate in 2017 and has some of the poorest substance outcomes in the country. The alcohol-related death rate is trending upward, increasing 35 percent between 2010 and 2017, and since 1981 the state ranked 1st, 2nd, or 3rd in the U.S. with rates double the national average.

Budget: \$27,106.5 FTE: 191

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Retail pharmacies that dispense naloxone	34%	73%	67%	63%	60%	62%	Y
Community members trained in evidence-based suicide prevention practices	52	65	70	75	61	68	G
Opioid patients also prescribed benzodiazepines*	14%	13%	10%	13%	12%	No Data	Y
<b>Program Rating</b>	<b>G</b>	<b>Y</b>					<b>Y</b>

\*Results data lag by one quarter



In 2016, there were

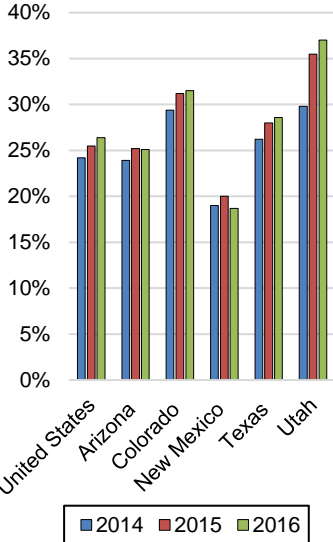
# 1,456

Alcohol related deaths in New Mexico



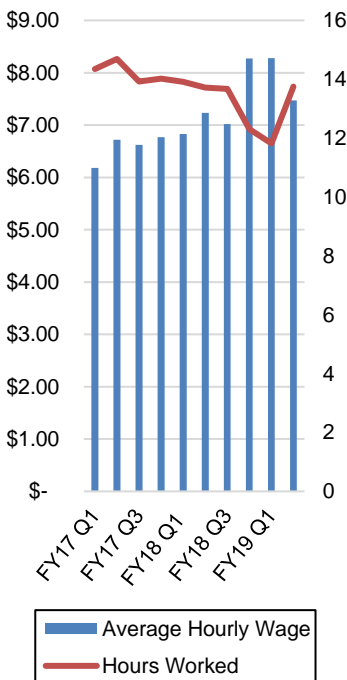
This equates to an average of **FOUR** people dying **EVERY DAY**.

### Employment Rate for All Cognitive Disabilities



\*Includes all cognitive disabilities physical, mental, or emotional  
Source: Cornell University

### DD Waiver Wages and Hours Worked



Source: Department of Health

### Health Facilities

Through new Centennial Care 2.0 Medicaid waiver changes New Mexico recently received approval to use Medicaid funding for many adult inpatient behavioral health service lines. These changes could result in significant savings to the general fund. Turquoise Lodge Hospital is moving towards being able to leverage more Medicaid funding and is also moving the hospital from its county-leased space in Bernalillo County to leased space at the Gibson Medical Center in Albuquerque while administrators plan for the design and construction of a new facility. Administrators say the move to the leased space will increase patient revenues because soon after the move, the hospital will receive Joint Commission accreditation status to leverage the IMD exclusion. The hospital will also increase capacity from 32 beds to 40 beds and will increase space for additional intensive outpatient treatment tracks. The Legislature is considering General Appropriations Act language requiring the department to study how to use the new funding and report to the Legislature and governor.

**Budget:** \$127,817 **FTE:** 1,793

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Priority request for treatment clients admitted to Turquoise Lodge Hospital	43%	59%	50%	60%	60%	79%	G
Turquoise Lodge Hospital detox occupancy rate	85%	86%	85%	88%	84%	84%	G
Long-term care patients experiencing one or more falls with major injury	Not Reported	3.9%	0.5%	4.9%	3.9%	4%	R
Eligible third-party revenue collected at all agency facilities	93%	88%	93%	72%	85%	79%	Y
Number of significant medication errors per 100 patients	New	New	2	0.4	1	0.6	G
Residents successfully discharged	New	New	80%	76%	69%	74%	Y
<b>Program Rating</b>	<b>Y</b>	<b>Y</b>					<b>Y</b>

### Developmental Disabilities Support

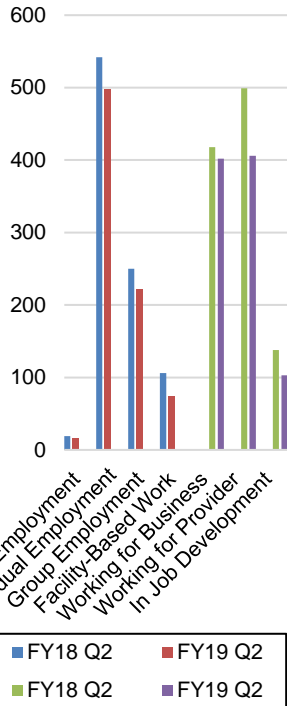
A recent LFC evaluation of the Developmental Disabilities (DD) and Mi Via Medicaid waivers prompted discussion of whether the state should begin reforming the two waivers for providing services to people with developmental disabilities. Key recommendations included instituting the Community First Choice option to leverage a greater Medicaid match rate for people on the waiver waiting list and working to improve cost containment following several years of litigation. The Legislature appropriated \$1.5 million for FY20 to develop a new supports waiver for people on the waiting list to access these services.

The report recommended working towards improved cost-containment by implementing a standardized, validated, and evidence-based assessment and allocation tool to determine appropriate levels of services. Several years ago, the department ended its use of an evidence-based tool after it was sued. However, the lawsuit settlement did not require the department to stop using the tool. The department should consider either reinstituting the tool or finding another evidence-based tool to determine appropriate service levels and types. The General Appropriations Act included language requiring the department to provide a plan to address the increased costs of providing services.

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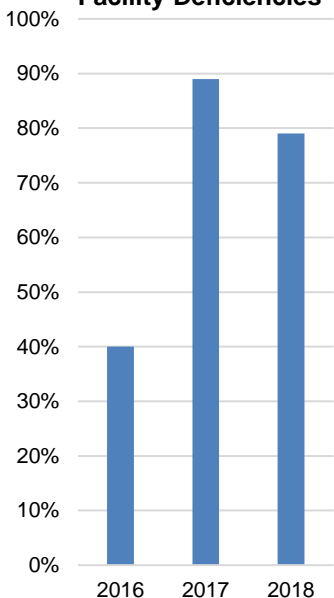
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## DD Employment and Provider Type



Source: Department of Health

## Timely Submission of Statement of Nursing Facility Deficiencies



Source: DOH

Family, Infant, Toddler Program (FIT)	Percent of Children With Substantially Increased Rate of Growth Upon Exiting FIT in:		
	Positive social-emotional skills (including social relationships)	Acquisition and use of knowledge and skills (including early language/communication)	Use of appropriate behaviors to meet their needs
	2016	2016	2016
	72.1% 1,609 Children Better	74.0% 1,792 Children Better	73.4% 1,757 Children Same
	2015 70.2%	2015 72.6%	2015 73.7%

Source: GRADS

Budget: \$420,368.7 FTE: 189

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Individuals receiving developmental disabilities waiver services*	4,574	4,618	N/A	4,561	4,596	4,606	
Individuals on the developmental disabilities waiver waiting list* **	4,234	4,834	N/A	4,934	4,987	5,033	
Developmental disabilities waiver applicants who have a service plan in place within 90 days of income and clinical eligibility	92%	73%	90%	83%	87.5%	82%	Y
Adults receiving community inclusion services through the DD Waiver who receive employment services	36%	30%	35%	28%	28%	29%	Y
Program Rating	Y	Y					R

\*Measures are classified as explanatory and do not have a target.

\*\* For FY19 the department and LFC agreed to change the way this measure is reported and will no longer report the total number of individuals on the central registry. The wait list result will now include only those determined eligible for services.

## Health Certification, Licensing, and Oversight

The purpose of the health certification, licensing, and oversight program is to provide health facility licensing and certification surveys, community-based oversight and contract compliance surveys and a statewide incident management system so that people in New Mexico have access to quality health care and that vulnerable populations are safe from abuse, neglect, and exploitation. There currently is no quarterly performance data provided by the program. One measure the program provided was on the timely submission of the statement of deficiencies to the surveyed entity. Timely submission allows nursing facilities to start making corrections and get back into regulatory compliance. Additionally, in FY18 the Incident Management Bureau processed 2,256 reports and conducted 955 investigations.

Budget: \$13,798.5 FTE: 171

Measure	FY17 Actual	FY18 Actual	FY19 Target	Q1	Q2	Q3	Rating
Abuse Rate for Developmental Disability Waiver and Mi Via Waiver clients	7%	7%	8%	Annual			
Re-Abuse rate (within 12 months- same person) for Developmental Disability Waiver and Mi Via Waiver clients	18%	6%	16%	Annual			
Percentage of long-stay nursing home residents receiving psychoactive drugs without evidence of psychotic or related condition*	New	16%	N/A	Annual			
Program Rating	Y	Y					Y

\*Measure is classified as explanatory and does not have a target.